



# VITAMIN & MINERAL POWDER

**FOR THE GOOD HEALTH OF YOUR CHILD**

## CLIENT DETAIL

Child's name: .....

Sex: .....

Date of birth (dd/mm/yy): .....

Child no. on the VHT register: .....

Mother's name: .....

Father's name: .....

Where child lives: .....

Health facility: .....

Parent's phone number: .....

District: .....

Subcounty: .....

Parish: .....

Village: .....



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CIRCLE AGE OF CHILD ON THE DATE WHEN THE BOX IS RECEIVED	DATE BOX RECEIVED	DATE FOR NEXT PICK-UP
6-7 Months		
8-9 Months		
10-11 Months		
12-13 Months		
14-15 Months		
16-17 Months		
18-19 Months		
20-21 Months		
22-23 Months		

